

*muzick*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Bill Haberston</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Bill Haberston</i> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </p>
<p>1. Article Addressed to:</p> <p style="padding-left: 40px;">Tiger Lawn Care, Inc.            d/b/a Trugreen Chemlawn            c/o Any Officer or Agent            2906 Waverly Parkway            Opelika, AL 36801</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span>  <input type="checkbox"/> Registered <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span>  <input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span> </p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
<p>2. Article Number            (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7004 2510 0002 6128 5285</p>
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt <span style="margin-left: 50px;">102595-02-M-1540</span></span></p>	

*3:06cv1122 (comp/sms 20 Sep)*